				LISHMENT			ادر ا <del>ب</del>	, ~-1	
CITY OF TIT	USVILLE	No.	of Risk	Factor/Intervention	Date	7/3	11		
CITY OF TITUSVILLE DEPARTMENT OF HEALTH			Facto	No. of Repeat Risk r/Intervention/Viol	Current Expiration				
stablishment	HIE CAESOTI	ocation		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Phone			
cense / Permit,	Holder	Purpos	e of Ins	pection   Est Type	^	Risk Category			
ermit #		Routi	Routine (Follow-up) FS (RS) Hig						
	FOODBORNE ILLNESS RI	ISK FACTO	DRS AN	D PUBLIC HEALT	H INTERVE	NTIONS			
Circle desig	nated compliance status (IN, OUT, N/O, N/A)	for each nun	nbered it	em		appropriate box for C			
IN = in compliant	e OUT = not in compliance N/O = not observed to the N/O = not observed	served N/A	R R	pplicable COS =	Compliance	te during inspection R	k = repeat vi	cos	
	Demonstration of Knowledge		Potentially Hazardous Food Time/Temper						
	Certification by accredited program,		10						
1 IN OUT	compliance with Code, or correct response	es	1.	<del></del>		neating proc for hot ho			t
	Employee Health		18			oling time & temperatu			1
2 IN OUT	Management awareness; policy present		19			Proper hot holding temperatures		<u> </u>	+
3 IN OUT	Proper use of reporting, restriction & excli Good Hygienic Practices	usion	2:		<del></del>	Proper cold holding temperatures  Proper date marking & disposition			+
4 IN OUT N/O	Proper eating, tasting, drinking, or tobacco u	ıse	2:	<u> </u>	<del>- ' -</del>	ublic health control; pr	-1		İ
IN OUT N/O	No discharge from eyes, nose, and mouth	1							
	Preventing Contamination by Hands					ner Advisory			Ŧ
IN OUT N/O	OUT N/O Hands clean & properly washed		2:	IN OUT N/A		Consumer advisory provided for raw or undercooked foods			
7 IN OUT N/A N/O	No bare hand contact with RTE foods or	wed		ŀ	lighly Susce	ighly Susceptible Populations			
B IN OUT	Adequate handwashing facilities supplied &		20	IN OUT N/A		Pasteurized foods used; prohibited foods not offered			
	Approved Sources				Cł	nemical			
3 IN OUT	OUT Food obtained from approved source		2.	S IN OUT N/A		ives: approved & proper		ļ	1
7 IN OUT							A CTOPEA X		
	Food received at proper temperature		20	IN OUT N/A	used	tances properly identifie	u, swica w		1
.O IN OUT N/A N/	Food in good condition, safe & unadultera		2	•	used rmance wit	n Approved Proce	dures		
.0 IN OUT N/A N/A	Food in good condition, safe & unadultera  Required records available: shelf stock tag parasite destruction		2:	Confo	used ormance wit Compliand		dures		
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		FOOD	<b>ESTABLISHMENT</b>	INSPECTION I	REPORT							
CITY OF TITUSVILLE				GREASE TRAP INSTALLED  Yes No		Data.	7/3/17					
DEPARTMENT OF HEALTH Establishment			165	140	Date	- KDI						
		Address/City/State/Zip Code		Phone								
TEMPERATURE OBSERVATIONS												
Item/Location Temp Item/Location Temp Item/Location Temp												
			OBSERVATIONS AND C	ORRECTIVE ACTION	IS							
Item Number	Violation	s cited in this report mu	ıst be corrected within the t	ime frames below, or	as stated in secti	ons 8-405.1	1 of the food code.					
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Inspector (S	() Signature	MARKE	X			Date:	1/3//7					
rusherroi (s	<u> </u>				<del>-</del>	Date.						